

Lincoln Parks & Recreation Presents:



Lincoln Parks and Recreation recognizes that young adolescents are unique in their interests and developmental needs and strives to design programs that empower participants with developmental assets. In this regard, the Department's stated Middle Level (Grades 6—8) Programming goals are to:

- Provide middle level participants organized sports activities that promote sportsmanship;
- Provide a broad range of recreation activities that enhance the well-being of middle level participants;
- Create a youth friendly and culturally competent environment;
- Involve middle level participants in planning, programming and operating of activities and events;

Mickle Middle School, 2500 N 67th St.

For All Middle Level Students

2:58 p.m. – 5:30 p.m.

- **Mickle CLC is \$40.00 Per Session**
- **Sliding Fee:** (Consideration based on income and size of household) Sliding fee forms are available from the CLC office in the school. Program is approved for **TITLE XX**
- **Payment for first session must accompany completed registration form. You may register for any and all sessions now. Indicate which sessions you want your child to attend. Payment for later sessions is required BEFORE the first day of the session**

<u>Session Dates</u>	<u>Payment Due</u>
#1 August 28 – September 22	At registration
#2 September 25 – October 20	Friday, September 22
#3 October 23 – November 22	Friday, October 20
#4 November 28 – December 22	Friday, November 17
#5 January 3 – February 2	Friday, December 22
#6 February 5 – March 2	Friday, February 2
#7 March 6– April 5	Friday, March 2
#8 April 10 – May 4	Friday, April 6
#9 May 7 – June 6	Friday, May 4

Register Early! We reserve the right to limit the number of registrations

For More Information Call 441-7952

Register By Mail or bring it in to:

**Playground Office
F Street Community Center
1225 F ST
Lincoln, NE 68508**

Make Checks payable to: Lincoln Parks & Recreation

NO REGISTRATIONS OR PAYMENTS WILL BE ACCEPTED AT MICKLE

Mickle 2006 – 2007 Community Learning Center

Participant's Name	Birth date										
Address	Zip										
Name of Parents / Guardian											
Day Phone (name of person at Day Phone)	Evening Phone										
Another Person to contact in case of emergency	Phone										
<p>For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Mickle CLC Program, I / We agree to assume the full risk of any injuries, including death, or loss which the undersigned or minor child / ward may sustain as a result of participating in any and all activities connected with or associated with such program.</p> <p>I / We do hereby declare that I / we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, it's officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I / we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.</p> <p>I / We further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, it's officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program</p> <p>I / We have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.</p>											
Signature of Parent / Guardian	Relationship Date										
<p>Check the sessions that you would like to register.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Session 1 August 28 – September 22</td> <td><input type="checkbox"/> Session 6 February 5 – March 2</td> </tr> <tr> <td><input type="checkbox"/> Session 2 September 25 – October 20</td> <td><input type="checkbox"/> Session 7 March 6– April 5</td> </tr> <tr> <td><input type="checkbox"/> Session 3 November 28 – December 22</td> <td><input type="checkbox"/> Session 8 April 10 – May 4</td> </tr> <tr> <td><input type="checkbox"/> Session 4 November 28 – December 22</td> <td><input type="checkbox"/> Session 9 May 7 – June 6</td> </tr> <tr> <td><input type="checkbox"/> Session 5 January 3 – February 2</td> <td></td> </tr> </table>		<input type="checkbox"/> Session 1 August 28 – September 22	<input type="checkbox"/> Session 6 February 5 – March 2	<input type="checkbox"/> Session 2 September 25 – October 20	<input type="checkbox"/> Session 7 March 6– April 5	<input type="checkbox"/> Session 3 November 28 – December 22	<input type="checkbox"/> Session 8 April 10 – May 4	<input type="checkbox"/> Session 4 November 28 – December 22	<input type="checkbox"/> Session 9 May 7 – June 6	<input type="checkbox"/> Session 5 January 3 – February 2	
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<p>Amount enclosed \$ _____ Check # _____ Receipt # _____</p> <p>Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.</p>											
Signature of Parent / Guardian	Relationship Date										

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Lincoln, NE 68508**